

SOUTH ISLAND MEDICAL STAFF ASSOCIATION

Minutes

Special Meeting – April 12, 2023

Meeting 6:00-7:30pm

1. **Call to Order at 6:10 pm** - Welcome by MSA Co-President Dr. Catherine Jenkins
 - a. Special guests:
 - Alanna Black – Regional Advocate & Advisor, Doctors of BC (DoBC)
 - Annebeth Leurs – Engagement Partner, Doctors of BC (DoBC)

2. **Presentation on Doctors of BC Health Authority (HA) Engagement Survey Results – Alanna Black**
 - Survey launched September 12 – October 12, 2022; 7th year, 24% response rate
 - New in 2022 – Local level workplace satisfaction, Physical & psychological safety incidents, and Respect, consideration & fair treatment in the workplace
 - Decrease in Island Health physician responses – 564 (2022), 649 (2021), 650 (2020)
 - Region dropped from 54% to 40% agreement “satisfied with this HA to practice medicine”
 - Other large drops in: Access to the facilities/equipment/other resources needed; Senior leaders communication; Valuing physicians’ contributions
 - Greater physician satisfaction at local hospital/facility level than with the HA as a region
 - 73% - “People treat each other with respect and consideration in our workplace”
 - 60% - “I feel I belong to a collaborative, patient-centered team/unit”
 - Physician health and safety results relatively stable from 2021 to 2022
 - Decrease in “Trust” between physicians and medical leaders
 - 1 in 2 physicians report being involved or impacted by a physical or psychological safety incident
 - HAs and DoBC have an opportunity to use results to develop thoughtful, physician-centred ways to improve engagement
 - DoBC continues to advocate for physicians, ensuring health care partners are aware of concerns

Brainstorming session:

3. **What one change would make senior leaders’ decision making more transparent to physicians?**
 - Connection at in-person events/activities
 - Concise communications; miss a lot of information due to so much unnecessary/excess information
 - Need to know top priority information
 - Senior Leaders being present at meetings (like this one); have at MSA meetings, SIMAC meetings
 - Consistency at Senior Level – a lot of fluctuation in roles, need some consistency in roles
 - When there is a discrepancy between what is requested and what is granted (i.e. capital expenditures requests that go unheeded for years) should get a personal acknowledgment from VP level
 - Announce how many layers of decision makers were involved in a decision
 - Strategic map with tangible examples

- Let people know: What are we doing, what are we not doing, what are we hoping to do
- Have conversations; currently we are being spoken to rather than worked with
- Show how to move through change
- Visible presence
- Share concerns – it's okay to admit problems
- Allow two-way communication in town halls
- Improve communications about health authority priorities, goals, decision making, etc, with physicians
- Have a PROCESS that engages medical leaders in decisions. Decisions are often made and a department often feels 'who asked the physicians what they think?'

4. What one change would make your facility an even better place to practice medicine?

- Access to equipment
- Reliable access to adequate support/staffing (Allied Health, Clerical Support)
- Acknowledge and make effort to reduce physician burdens
- Acknowledge there are problems and struggles are happening; need some acknowledgement/response
- Support for Division Heads so they are better able to communicate and disseminate information
- Improve physician onboarding so physicians can understand the leadership structure, avenues of physician engagement, priorities, decision making processes, etc
- Ask all of the MSAs what works for them early
- System Navigator

5. What one change would make the biggest difference to physician's physical safety at RJH or VGH?

- Physical presence – Ambassadors; PSO available and visible
- Debriefing opportunities
- Ergonomic equipment and facilities design
- De-escalation strategies to mitigate violence
- Improve awareness of what resources are available

6. What one change would make the biggest difference to physician's psychological safety at RJH or VGH?

- Onboarding of new physicians to "general etiquette"
- Similar to handwashing signs with percentage, create signs for senior leaders on how we are doing and where improvements are needed
- Button inside Doctors Lounge for people to press to indicate if it is a good or bad day
- Improve knowledge of EMSS system and what to expect
- Encourage use of PSLS system to capture more incidents or near incidents
- Having fair process outlined and followed
- Believe people when they express difficulties/struggles with a situation
- Plan for how to accommodate physicians who need to slow down, for physical or mental reasons,

7. What specific actions could your hospital/facility take to improve fair treatment for people from all backgrounds? What improvements could your hospital/facility make to ensure people are treating each other with respect and consideration?

Themes:

- Training and Resources (Equity, Diversity and Inclusion; and Cultural Safety and Humility)
- Fair process (leadership representation, disciplinary management)
- Improving engagement with leaders
- Shifting Workplace Culture
- Safer working conditions (e.g. Accountability for violent patient encounters)
- Adequate Resources (Staffing, Equipment, other)

8. Upcoming Events:

- South Island Physicians' Walking Group – Sunday, April 16
- Lunch in the Lounge – RJH and VGH – Thursday, April 20
- Engagement Project applications due – Monday, May 1
- Listerian Oration – Saturday, May 27
- Welcome and Thank You Evening – Tuesday, June 13